

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning 10/01, 2014, and ending 09/30, 2015

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2014

Name of exempt organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Name and title of officer

RONALD W. BURGESS, CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>398698187.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

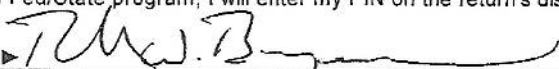
Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN 4 2 4 6 5 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶



Date ▶

8/9/2014

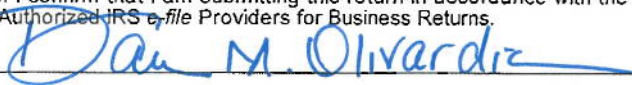
Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5 9 1 2 4 2 3 6 6 0 5
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶



Date ▶

8/15/16

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2014)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 10/01, 2014, and ending 09/30, 2015

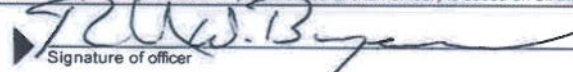
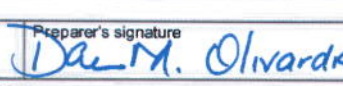
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WOUNDED WARRIOR PROJECT, INC. Doing business as WOUNDED WARRIOR PROJECT		D Employer identification number 20-2370934
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4899 BELFORD ROAD, SUITE 300		E Telephone number (904) 296-7350
	City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE, FL 32256		G Gross receipts \$ 562,576,012.
F Name and address of principal officer: ANTHONY ODIERNO 4899 BELFORD ROAD JACKSONVILLE, FL 32256		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.WOUNDEDWARRIORPROJECT.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2005	M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AS OF 9/30/15, THROUGH HIGH-TOUCH, FREE OF CHARGE PROGRAMS AND SERVICES, WWP HAS POSITIVELY IMPACTED THE LIVES OF OVER 92,000 WOUNDED WARRIORS AND THEIR FAMILY MEMBERS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7.
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	599.
	6 Total number of volunteers (estimate if necessary)	6	1,944.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	312,471,011.	372,546,396.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,040,397.	13,351,364.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,554,706.	12,800,427.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	342,066,114.	398,698,187.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	42,109,701.	87,567,288.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	40,218,115.	46,163,648.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 74,730,264.	3,206,207.	7,453,364.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	162,471,416.	210,490,923.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	248,005,439.	351,675,223.
19 Revenue less expenses. Subtract line 18 from line 12	94,060,675.	47,022,964.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	269,680,308.	310,997,780.
	22 Net assets or fund balances. Subtract line 21 from line 20.	21,394,825.	28,886,992.
		248,285,483.	282,110,788.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here			8/15/2016		
	Signature of officer RONALD W. BURGESS CFO		Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAWN M OLIVARDIA		8/15/15	<input type="checkbox"/>	P00059252
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	Phone no. 407-481-5100		
Firm's address ▶ 200 SOUTH ORANGE AVENUE, SUITE 2050 ORLANDO, FL 32801					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

WWP'S MISSION IS TO HONOR AND EMPOWER WOUNDED WARRIORS. WWP'S FREE OF CHARGE PROGRAMS ENGAGE WARRIORS, NURTURE THEIR MINDS & BODIES, AND ENCOURAGE THEIR ECONOMIC EMPOWERMENT. AS OF 9/30/15, 78,639 WARRIORS AND 13,730 FAMILY MEMBERS HAVE REGISTERED WITH WWP.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 72,019,930. including grants of \$ 54,465,000.) (Revenue \$)

INDEPENDENCE PROGRAM - THE INDEPENDENCE PROGRAM HELPS WARRIORS LIVE LIFE TO THE FULLEST, ON THEIR OWN TERMS. IT IS DESIGNED FOR THE MOST SEVERELY WOUNDED WARRIORS WHO RELY ON THEIR FAMILIES AND/OR CAREGIVERS BECAUSE OF MODERATE TO SEVERE BRAIN INJURY, SPINAL-CORD INJURY, OR OTHER NEUROLOGICAL CONDITIONS. IN ADDITION, THE WARRIOR'S COGNITIVE OR PHYSICAL CHALLENGES LIMIT THEIR OPPORTUNITIES TO ACCESS RESOURCES AND ACTIVITIES IN THEIR OWN COMMUNITY. FOR MORE INFORMATION SEE SCHEDULE O.

4b (Code:) (Expenses \$ 50,455,423. including grants of \$ 4,436,336.) (Revenue \$)

ALUMNI ASSOCIATION - THE ALUMNI PROGRAM PROVIDES LONG-TERM SUPPORT AND CAMARADERIE FOR WOUNDED WARRIORS THROUGH COMMUNICATION, EVENTS AND NETWORKING. THE ALUMNI PROGRAM OFFERS A WIDE RANGE OF ACTIVITIES INCLUDING EDUCATIONAL SESSIONS, PERSONAL AND PROFESSIONAL DEVELOPMENT SUMMITS, SPORTING EVENTS AND RECREATIONAL EVENTS THAT PROVIDE INDIVIDUALS A CHANCE TO ENGAGE WITH OTHER WOUNDED WARRIORS. THE ALUMNI PROGRAM ALSO IDENTIFIES, TRAINS, AND CHALLENGES LEADERS WITHIN THE WOUNDED WARRIOR POPULATION TO SUPPORT THEIR PEERS IN THEIR CONTINUED PATH TOWARD PHYSICAL HEALTH AND WELL-BEING. FOR MORE INFORMATION SEE SCHEDULE O.

4c (Code:) (Expenses \$ 47,405,335. including grants of \$ 23,706,143.) (Revenue \$)

COMBAT STRESS RECOVERY - THE COMBAT STRESS RECOVERY PROGRAM ("CSR") ADDRESSES THE MENTAL HEALTH AND COGNITIVE NEEDS OF RETURNING SERVICE MEMBERS AND THOSE THAT HAVE ALREADY MADE THE TRANSITION BACK TO CIVILIAN LIFE. THE CSR RESPONDS TO THE MENTAL HEALTH NEEDS OF OUR WARRIORS BY ADDRESSING SEVERAL KEY ISSUES LINKED TO COMBAT STRESS, INCLUDING POST TRAUMATIC STRESS DISORDER ("PTSD"), THE STIGMA ATTACHED TO MENTAL HEALTH, ACCESS TO CARE, AND INTERPERSONAL RELATIONSHIP CHALLENGES. CSR SERVICES INCLUDE PROJECT ODYSSEY®, CONTINUED CARE AND THE WARRIOR CARE NETWORK™. FOR MORE INFORMATION SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 92,587,841. including grants of \$ 4,959,809.) (Revenue \$)

4e Total program service expenses ▶ 262,468,529.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings, employee reporting, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY ODIERNO CHAIR	5.00 0	X		X				0	0	0
(2) GUY H MCMICHAEL III VICE CHAIR	5.00 0	X		X				0	0	0
(3) ROGER CAMPBELL SECRETARY	5.00 0	X		X				0	0	0
(4) JUSTIN CONSTANTINE DIRECTOR	5.00 0	X						0	0	0
(5) KEVIN DELANEY DIRECTOR (TERM ENDED 4/7/15)	5.00 0	X						0	0	0
(6) CHARLES BATTAGLIA DIRECTOR (TERM ENDED 9/30/15)	5.00 0	X						0	0	0
(7) ROBB VAN CLEAVE DIRECTOR (TERM ENDED 3/24/15)	5.00 0	X						0	0	0
(8) ROBERT NARDELLI DIRECTOR	5.00 0	X						0	0	0
(9) RICHARD M JONES DIRECTOR	5.00 0	X						0	0	0
(10) DAWN HALFAKER DIRECTOR (TERM ENDED 1/15/15)	5.00 0	X						0	0	0
(11) STEVEN NARDIZZI CHIEF EXECUTIVE OFFICER	60.00 0			X				430,766.	0	27,073.
(12) ALBION GIORDANO CHIEF OPERATING OFFICER	60.00 0			X				341,487.	0	34,075.
(13) RONALD W BURGESS CHIEF FINANCIAL OFFICER	60.00 0			X				299,677.	0	26,801.
(14) JEREMY CHWAT CHIEF PROGRAM OFFICER	60.00 0			X				298,748.	0	27,712.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ADAM SILVA CHIEF DEVELOPMENT OFFICER	60.00 0			X				303,277.	0	8,464.
(16) JOHN T HAMRE III DIRECT RESPONSE EVP	50.00 0				X			197,653.	0	14,312.
(17) JONATHAN SULLIVAN ENGAGEMENT EVP	50.00 0				X			167,877.	0	30,150.
(18) CHARLIE ABELL POLICY AND GOVT AFFAIRS EVP	50.00 0					X		188,195.	0	5,613.
(19) LEN STACHITAS STRATEGIC GIVING EVP	50.00 0					X		182,550.	0	30,574.
(20) ADDIE POUDRIER HUMAN RESOURCES EVP	50.00 0					X		182,002.	0	23,224.
(21) AYLA TEZEL COMMUNICATIONS EVP	50.00 0					X		178,597.	0	23,106.
(22) AMBER ALLRED GENERAL COUNSEL EVP	50.00 0					X		177,353.	0	14,330.
1b Sub-total								1,370,678.	0	115,661.
c Total from continuation sheets to Part VII, Section A								1,577,504.	0	149,773.
d Total (add lines 1b and 1c)								2,948,182.	0	265,434.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 35

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 82

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	4,629,130.				
	b Membership dues	1b					
	c Fundraising events	1c	1,148,007.				
	d Related organizations	1d					
	e Government grants (contributions),	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	366,769,259.				
	g Noncash contributions included in lines 1a-1f: \$		5,512,208.				
	h Total. Add lines 1a-1f ▶		372,546,396.				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			5,429,352.			5,429,352.
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			11,305,141.			11,305,141.
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		170,851,044.					
		b Less: cost or other basis and sales expenses		2,358.			
		162,926,674.		-2,358.			
	c Gain or (loss)			7,924,370.			
	d Net gain or (loss) ▶			7,922,012.			7,922,012.
	8a Gross income from fundraising events (not including \$ <u>1,148,007.</u> of contributions reported on line 1c). See Part IV, line 18 a			528,517.			
		b Less: direct expenses b		948,793.			
c Net income or (loss) from fundraising events. ▶				-420,276.			-420,276.
9a Gross income from gaming activities. See Part IV, line 19 a							
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities. ▶			0			
10a Gross sales of inventory, less returns and allowances a							
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory. ▶			0			
Miscellaneous Revenue		Business Code					
11a MAILING LIST		900099		1,230,492.			1,230,492.
b REBATES		900099		685,070.			685,070.
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶				1,915,562.			
12 Total revenue. See instructions ▶				398,698,187.			26,151,791.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	86,572,896.	86,572,896.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	994,392.	994,392.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,402,580.	2,090,244.	168,181.	144,155.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	33,316,349.	27,354,660.	2,247,410.	3,714,279.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,054,209.	682,346.	292,451.	79,412.
9 Other employee benefits	7,159,338.	6,151,782.	273,494.	734,062.
10 Payroll taxes	2,231,172.	1,917,172.	85,232.	228,768.
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,359,862.		1,359,862.	
c Accounting	139,820.		139,820.	
d Lobbying	125,000.	125,000.		
e Professional fundraising services. See Part IV, line 17.	7,453,364.			7,453,364.
f Investment management fees	376,228.		376,228.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,190,856.	3,165,812.	2,025,044.	
12 Advertising and promotion	1,215,026.	294,777.	113,751.	806,498.
13 Office expenses	5,045,726.	3,925,697.	661,684.	458,345.
14 Information technology	1,952,213.	1,270,072.	536,468.	145,673.
15 Royalties	0			
16 Occupancy	8,099,657.	5,483,519.	2,057,458.	558,680.
17 Travel	7,977,322.	6,967,538.	270,801.	738,983.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,968,547.	1,156,924.	495,853.	1,315,770.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,518,989.	3,066,377.	1,142,405.	310,207.
23 Insurance	517,635.	349,359.	132,340.	35,936.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>WARRIOR EVENTS & ACTIVITIES</u>	29,868,307.	29,868,307.		
b <u>DIRECT RESPONSE TV & ONLINE</u>	35,906,073.	25,482,429.		10,423,644.
c <u>PROGRAM/OTHER PROVIDER SVCS</u>	33,034,742.	28,462,698.	896,065.	3,675,979.
d <u>POSTAGE AND SHIPPING</u>	34,781,460.	14,534,383.	184,331.	20,062,746.
e All other expenses <u>ATCH 4</u>	37,413,460.	12,552,145.	1,017,552.	23,843,763.
25 Total functional expenses. Add lines 1 through 24e	351,675,223.	262,468,529.	14,476,430.	74,730,264.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	77,332,639.	47,148,553.		30,184,086.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X |

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	22,576,979.	1	75,062,881.
	2 Savings and temporary cash investments	304,145.	2	306,262.
	3 Pledges and grants receivable, net	3,058,240.	3	4,286,599.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	3,044,267.	8	2,574,485.
	9 Prepaid expenses and deferred charges	11,251,743.	9	17,402,679.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,388,725.		
	b Less: accumulated depreciation	10b 13,029,598.	14,777,380.	10c 16,359,127.
	11 Investments - publicly traded securities	211,614,481.	11	193,249,779.
	12 Investments - other securities. See Part IV, line 11	727,245.	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	2,325,828.	15	1,755,968.
16 Total assets. Add lines 1 through 15 (must equal line 34)	269,680,308.	16	310,997,780.	
Liabilities	17 Accounts payable and accrued expenses	21,394,825.	17	28,886,992.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	21,394,825.	26	28,886,992.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	246,160,502.	27	280,138,655.
	28 Temporarily restricted net assets	1,124,981.	28	972,133.
	29 Permanently restricted net assets	1,000,000.	29	1,000,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	248,285,483.	33	282,110,788.
	34 Total liabilities and net assets/fund balances	269,680,308.	34	310,997,780.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	398,698,187.
2	Total expenses (must equal Part IX, column (A), line 25)	2	351,675,223.
3	Revenue less expenses. Subtract line 2 from line 1	3	47,022,964.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	248,285,483.
5	Net unrealized gains (losses) on investments	5	-13,197,659.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	282,110,788.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,145,724.	148,185,045.	225,418,220.	312,471,011.	372,546,396.	1,128,766,396.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	70,145,724.	148,185,045.	225,418,220.	312,471,011.	372,546,396.	1,128,766,396.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0
6 Public support. Subtract line 5 from line 4.						1,128,766,396.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	70,145,724.	148,185,045.	225,418,220.	312,471,011.	372,546,396.	1,128,766,396.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,083,956.	4,460,643.	8,378,673.	14,023,753.	16,358,265.	46,305,290.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH-1	641,489.	1,150,561.	594,472.	548,015.	1,915,562.	4,850,099.
11 Total support. Add lines 7 through 10						1,179,921,785.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	95.66%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	95.94%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):</i>		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
c	<input type="checkbox"/>	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>	
2	Activities Test. <i>Answer (a) and (b) below.</i>		
a		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MAILING LIST	641,489.	1,150,561.	594,472.	548,015.	1,230,492.	4,165,029.
REBATES					685,070.	685,070.
TOTALS	<u>641,489.</u>	<u>1,150,561.</u>	<u>594,472.</u>	<u>548,015.</u>	<u>1,915,562.</u>	<u>4,850,099.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		125,000.	
c Total lobbying expenditures (add lines 1a and 1b)		125,000.	
d Other exempt purpose expenditures		351,550,223.	
e Total exempt purpose expenditures (add lines 1c and 1d)		351,675,223.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:	
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0	0
i Subtract line 1f from line 1c. If zero or less, enter -0-		0	0
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	200,000.	256,250.	301,250.	125,000.	882,500.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	30,000.				30,000.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

WOUNDED WARRIOR PROJECT, INC.

20-2370934

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,302,411.	1,242,630.	1,184,673.	1,046,319.	1,107,300.
b Contributions					
c Net investment earnings, gains, and losses	-34,747.	120,099.	115,884.	188,354.	-10,981.
d Grants or scholarships	62,481.	60,318.	57,927.	50,000.	50,000.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,205,183.	1,302,411.	1,242,630.	1,184,673.	1,046,319.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment 82.9700 %
 - c** Temporarily restricted endowment 17.0300 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,379,814.	3,844,083.	2,535,731.
d Equipment		1,061,453.	855,343.	206,110.
e Other		21,947,458.	8,330,172.	13,617,286.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,359,127.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	432,114,343.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-13,197,659.	
b	Donated services and use of facilities	2b	100,987,685.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,358.	
e	Add lines 2a through 2d	2e		87,792,384.
3	Subtract line 2e from line 1	3		344,321,959.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	376,228.	
b	Other (Describe in Part XIII.)	4b	54,000,000.	
c	Add lines 4a and 4b	4c		54,376,228.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5		398,698,187.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	398,289,038.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	100,987,685.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	2,358.	
e	Add lines 2a through 2d	2e		100,990,043.
3	Subtract line 2e from line 1	3		297,298,995.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	376,228.	
b	Other (Describe in Part XIII.)	4b	54,000,000.	
c	Add lines 4a and 4b	4c		54,376,228.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5		351,675,223.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

THE ORGANIZATION HAS ONE ENDOWMENT, WHICH IS CLASSIFIED AS PERMANENTLY RESTRICTED. UNDER THE TERMS OF THE GOVERNING DOCUMENTS RELATED TO THIS ENDOWMENT, INVESTMENT INCOME AND GAINS AND LOSSES ARE TO BE ADDED TO THE BALANCE OF THE ENDOWMENT. ANNUALLY UP TO 5% OF THE FAIR VALUE OF THE ENDOWMENT MAY BE APPROPRIATED FOR EXPENDITURE. HOWEVER, APPROPRIATIONS MAY NOT REDUCE THE FAIR VALUE FOR THE ASSETS TO AN AMOUNT LESS THAN THE ORIGINAL ENDOWMENT OF \$1,000,000. THE ENDOWMENT NET ASSETS ARE REFLECTED ON THE STATEMENT OF FINANCIAL POSITION AT SEPTEMBER 30, 2015:

PERMANENTLY RESTRICTED \$1,000,000

TEMPORARILY RESTRICTED \$205,183

SCHEDULE D, PART VI, LINE 1E

DESCRIPTION OF OTHER ASSETS

THIS AMOUNT CONSISTS OF FURNITURE AND FIXTURES, VEHICLES AND OTHER ASSETS.

SCHEDULE D, PART X, LINE 2

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

THE ORGANIZATION FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHELD ON EXAMINATION BY TAXING AUTHORITIES. AS OF SEPTEMBER 30, 2015, THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS FILED FOR AND

Part XIII Supplemental Information (continued)

RECEIVED TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED.

THE ORGANIZATION BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO FISCAL 2012. HOWEVER, THE ORGANIZATION IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2012 FORWARD. NO INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS RELATED TO ANY UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI AND XII

OTHER RECONCILING ITEMS

LINE 2D: \$2,358 - LOSS ON DISPOSAL OF ASSETS SHOWN AS AN EXPENSE ON THE AUDITED FINANCIAL STATEMENTS.

LINE 4B: \$54,000,000 - GRANTS PROVIDED BY WWP TO THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST ("TRUST") REPRESENT REVENUE TO THE TRUST AND GRANT EXPENSE TO WWP. THE TRUST WAS CREATED TO PROVIDE FUNDING FOR THE LONG TERM CARE OF THE MOST SEVERELY DISABLED WARRIORS. THE TRUST ASSETS ARE RECORDED IN INVESTMENTS IN THE AUDITED FINANCIAL STATEMENTS AS THE TRUST IS CONSOLIDATED WITH WOUNDED WARRIOR PROJECT, INC. THE PORTION OF WWP GRANTS INCLUDED IN PART IX, LINE 1 OF THE WWP FORM 990 THAT WENT TO THE TRUST ARE ELIMINATED UPON CONSOLIDATION IN THE AUDITED FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE		2.	PROGRAM SERVICES	SEE PART V	4,688,494.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		2.			4,688,494.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		2.			4,688,494.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ -----

3 Enter total number of other organizations or entities. ▶ -----

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE U.S.

THE GRANTS/ASSISTANCE PAID ARE MONITORED BY THE PROGRAM DIRECTORS BASED ON THE CONTRACT/AGREEMENT. REPORTS AND UPDATES ARE PROVIDED TO THE PROGRAM DIRECTOR BY THE ORGANIZATION RECEIVING THE FUNDS.

IN THE EVENT THE GRANTEE CEASES TO OPERATE OR BECOMES INSOLVENT, ALL UNUSED WOUNDED WARRIOR PROJECT GRANT MONEY SHALL BE IMMEDIATELY RETURNED.

FURTHERMORE, IF THE ORIGINAL PURPOSE, PROJECT AND/OR PROGRAM OF THE GRANTEE CHANGES, THE GRANTEE MUST NOTIFY WOUNDED WARRIOR PROJECT IN WRITING FOR PERMISSION TO REDIRECT FUNDS. IF PERMISSION IS NOT GIVEN, GRANTEE SHALL RETURN ANY AND ALL GRANT MONEY TO WOUNDED WARRIOR PROJECT.

AN INTERIM REPORT IS DUE MIDWAY THROUGH THE GRANT CYCLE. A FINAL REPORT DETAILING THE EXPENDITURE AND OUTCOMES OF THE GRANT MUST BE SUBMITTED TO WOUNDED WARRIOR PROJECT PURSUANT TO EACH GRANT AGREEMENT.

SCHEDULE F, PART I, LINE 3, COLUMN E

DESCRIPTION OF ACTIVITY IN EUROPE

INTERNATIONAL SUPPORT - THE INTERNATIONAL SUPPORT PROGRAM IS THE INITIAL CONTACT WOUNDED WARRIORS HAVE WITH WWP WHILE IN GERMANY AT LANDSTUHL REGIONAL MEDICAL CENTER AND RAMSTEIN AIR BASE. WWP PROVIDES COMFORT ITEMS (CLOTHING, BLANKETS, ETC) TO THE WARRIORS BEFORE THEY RETURN TO THE UNITED STATES. FOR WARRIORS STATIONED AT THE WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS MULTIPLE PROGRAMS IN PLACE INCLUDING BENEFITS COUNSELING, TRANSITION TRAINING ACADEMY, SOLDIER RIDE AND COMBAT STRESS RECOVERY. WWP ALSO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS, NURSES, AND STAFF

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

WITH MUCH NEEDED STRESS RELIEF EVENTS.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

20-2370934

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CREATIVE DIRECT RESPONSE	DIRECT RESPONSE		X	150,138,363.	5,593,880.	144,544,483.
2 TRUE NORTH	DIRECT RESPONSE		X	511,015.	76,824.	434,191.
3 EAGLECOM	DRTV		X	337,685.	1,479,072.	-1,141,387.
4 DCCI	DRTV		X	95,058.	63,588.	31,470.
5 CONSTELLATIONS GROUP, LTD	IN-PERSON		X	196,540.	240,000.	-43,460.
6						
7						
8						
9						
10						
Total				151,278,661.	7,453,364.	143,825,297.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALL STATES

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		COURAGE AWARDS (event type)	PHOENIX 8K (event type)	1. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,597,128.	38,955.	40,441.	1,676,524.
	2 Less: Contributions	1,080,853.	35,305.	31,849.	1,148,007.
	3 Gross income (line 1 minus line 2)	516,275.	3,650.	8,592.	528,517.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		199.	199.	398.
	6 Rent/facility costs	296,910.	6,004.	3,822.	306,736.
	7 Food and beverages	338,691.	270.	265.	339,226.
	8 Entertainment	2,725.	804.	775.	4,304.
	9 Other direct expenses	241,058.	27,232.	29,839.	298,129.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				948,793.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-420,276.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) IRAQ AND AFGHANISTAN VETERANS OF AMERICA 292 MADISON AVE 10TH FLOOR	20-1664531	501(C)(3)	300,000.				SEE SCHEDULE O
(2) AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	1,938,835.				SEE SCHEDULE O
(3) BASTION COMMUNITY OF RESILIENCE 7506 ZIMPEL STREET NEW ORLEANS, LA 70118	27-4383654	501(C)(3)	125,000.				SEE SCHEDULE O
(4) BRAIN INJURY SERVICES OF SW VA 3904-B FRANKLIN ROAD ROANOKE, VA 24014	54-2011536	501(C)(3)	125,000.				SEE SCHEDULE O
(5) CHRISTOPHER COFFLAND MEMORIAL FUND INC DBA 2066 YORK ROAD #201 TIMONIUM, MD 21093	27-3901149	501(C)(3)	200,000.				SEE SCHEDULE O
(6) CENTERSTONE MILITARY SERVICES INC 1101 6TH AVE NORTH NASHVILLE, TN 37208	27-1934061	501(C)(3)	1,000,000.				SEE SCHEDULE O
(7) COLORADO STATE UNIVERSITY FOUNDATION PO BOX 1870 FORT COLLINS, CO 80522	23-7098397	501(C)(3)	231,143.				SEE SCHEDULE O
(8) DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS-BA 1000 N 4TH STREET FAIRFIELD, IA 52557	83-0436453	501(C)(3)	125,000.				SEE SCHEDULE O
(9) DENVER OPTIONS INC DBA ROCKY MOUNTAIN HUMAN 9900 EAST ILIFF AVENUE DENVER, CO 80231	84-1182143	501(C)(3)	25,000.				SEE SCHEDULE O
(10) DOG TAG BAKERY 3206 GRACE STREET NW WASHINGTON, DC 20007	45-2130904	501(C)(3)	250,000.				SEE SCHEDULE O
(11) DRY HOOTCH OF AMERICA 544 E ODGEN AVE #700-250	26-2778659	501(C)(3)	246,336.				SEE SCHEDULE O
(12) EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	5,350,000.				SEE SCHEDULE O

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FAMILY OF A VET INC PO BOX 669 DAPHNE, AL 36526	27-1777696	501(C)(3)	10,000.				SEE SCHEDULE O
(2) HENRY M. JACKSON FOUNDATION FOR THE ADVANCE 6720-A ROCKLEDGE DR BETHESDA, MD 20817	52-1317896	501(C)(3)	400,000.				SEE SCHEDULE O
(3) MASSACHUSETTS GENERAL HOSPITAL 100 CAMBRIDGE ST STE 1310 BOSTON, MA 02114	04-1564655	501(C)(3)	5,350,000.				SEE SCHEDULE O
(4) NATIONAL MILITARY FAMILY ASSOCIATION 3601 EISENHOWER AVE STE 425	52-0899384	501(C)(3)	1,050,000.				SEE SCHEDULE O
(5) NEUROTHERAPY RESEARCH & DEVELOPMENT ASSOC., 4701 WILLARD AVE #1035	27-0496747	501(C)(3)	75,000.				SEE SCHEDULE O
(6) NORTHEAST NEBRASKA COMMUNITY ACTION PARTNER 603 EARL STREET PENDER, NE 68047	47-0494452	501(C)(3)	50,000.				SEE SCHEDULE O
(7) OPERATION HOMEFRONT 1355 CENTRAL PARKWAY S STE 100	32-0033325	501(C)(3)	2,465,000.				SEE SCHEDULE O
(8) PHOENIX TRAINING 4945 SAN FRANCISCO ST. ROCKLIN, CA 95677	46-3362917	501(C)(3)	50,000.				SEE SCHEDULE O
(9) RANCHIN' VETS PO BOX 6074 SAN RAFAEL, CA 94903	46-1168103	501(C)(3)	10,000.				SEE SCHEDULE O
(10) REGENTS UCLA DBA UCLA HEALTH SCIENCES DEVEL 11000 KINROSS AVE, STE 211	95-6006143	501(C)(3)	5,350,000.				SEE SCHEDULE O
(11) RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	5,350,000.				SEE SCHEDULE O
(12) SHEPHERD CENTER FOUNDATION, INC 2020 PEACHTREE ROAD NW ATLANTA, GA 30309	51-0141601	501(C)(3)	250,000.				SEE SCHEDULE O

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TASK FORCE DAGGER FOUNDATION 5900 SOUTH LAKE FOREST DR STE 200	80-0439987	501(C)(3)	100,000.				SEE SCHEDULE O
(2) THE COMMUNITY FOUNDATION FOR THE CENTRAL SA P. O. BOX 31358 AUGUSTA, GA 30903	58-2184345	501(C)(3)	1,800,000.				SEE SCHEDULE O
(3) THE MILITARY COALITION/MARINE CORPS LEAGUE PO BOX 3070 MERRIFIELD, VA 22116	54-1807095	501(C)(3)	10,000.				SEE SCHEDULE O
(4) TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE (129 LAKE ST.)	04-2103545	501(C)(3)	249,981.				SEE SCHEDULE O
(5) WARFIGHTER OUTFITTERS INC 160 S OAK ST SISTERS, OR 97759	47-1896901	501(C)(3)	20,000.				SEE SCHEDULE O
(6) WESTERN DAIRYLAND ECONOMIC OPPORTUNITY COUN 23122 WHITEHALL ROAD INDEPENDENCE, WI 54747	39-1076993	501(C)(3)	26,602.				SEE SCHEDULE O
(7) WWP LT SUPPORT TRUST 4899 BELFORT ROAD SUITE 300	37-6558533	501(C)(3)	54,000,000.				SEE SCHEDULE O
(8) YELLOW RIBBON FUND, INC 4905 DEL RAY AVENUE BETHESDA, MD 20814	36-4567583	501(C)(3)	50,000.				SEE SCHEDULE O
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 32.

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT WARRIOR GRANTS	120.	994,392.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.

THE GRANTS/ASSISTANCE PAID ARE MONITORED BY THE PROGRAM DIRECTORS BASED

ON THE CONTRACT/AGREEMENT. REPORTS AND UPDATES ARE PROVIDED TO THE

PROGRAM DIRECTOR BY THE ORGANIZATION RECEIVING THE FUNDS.

IN THE EVENT THE GRANTEE CEASES TO OPERATE OR BECOMES INSOLVENT, ALL

UNUSED WOUNDED WARRIOR PROJECT GRANT MONEY SHALL BE IMMEDIATELY RETURNED.

FURTHERMORE, IF THE ORIGINAL PURPOSE, PROJECT AND/OR PROGRAM OF THE

GRANTEE CHANGES, THE GRANTEE MUST NOTIFY WOUNDED WARRIOR PROJECT IN

WRITING FOR PERMISSION TO REDIRECT FUNDS. IF PERMISSION IS NOT GIVEN,

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANTEE SHALL RETURN ANY AND ALL GRANT MONEY TO WOUNDED WARRIOR PROJECT.

AN INTERIM REPORT IS DUE MIDWAY THROUGH THE GRANT CYCLE. A FINAL REPORT
 DETAILING THE EXPENDITURE AND OUTCOMES OF THE GRANT MUST BE SUBMITTED TO
 WOUNDED WARRIOR PROJECT PURSUANT TO EACH GRANT AGREEMENT. SEE SCHEDULE O
 FOR GRANT DESCRIPTIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

20-2370934

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	STEVEN NARDIZZI CHIEF EXECUTIVE OFFICER	(i) 342,766.	88,000.	0	10,400.	16,673.	457,839.	0
	(ii)	0	0	0	0	0	0	0
2	ALBION GIORDANO CHIEF OPERATING OFFICER	(i) 271,487.	70,000.	0	10,400.	23,675.	375,562.	0
	(ii)	0	0	0	0	0	0	0
3	RONALD W BURGESS CHIEF FINANCIAL OFFICER	(i) 247,177.	52,500.	0	10,400.	16,401.	326,478.	0
	(ii)	0	0	0	0	0	0	0
4	JEREMY CHWAT CHIEF PROGRAM OFFICER	(i) 248,148.	50,600.	0	4,156.	23,556.	326,460.	0
	(ii)	0	0	0	0	0	0	0
5	ADAM SILVA CHIEF DEVELOPMENT OFFICER	(i) 249,527.	53,750.	0	7,060.	1,404.	311,741.	0
	(ii)	0	0	0	0	0	0	0
6	JOHN T HAMRE III DIRECT RESPONSE EVP	(i) 173,428.	24,225.	0	6,028.	8,284.	211,965.	0
	(ii)	0	0	0	0	0	0	0
7	JONATHAN SULLIVAN ENGAGEMENT EVP	(i) 143,877.	24,000.	0	6,940.	23,210.	198,027.	0
	(ii)	0	0	0	0	0	0	0
8	CHARLIE ABELL POLICY AND GOVT AFFAIRS EVP	(i) 169,528.	18,667.	0	4,434.	1,179.	193,808.	0
	(ii)	0	0	0	0	0	0	0
9	LEN STACHITAS STRATEGIC GIVING EVP	(i) 161,300.	21,250.	0	7,314.	23,260.	213,124.	0
	(ii)	0	0	0	0	0	0	0
10	ADDIE POUDRIER HUMAN RESOURCES EVP	(i) 158,002.	24,000.	0		23,224.	205,226.	0
	(ii)	0	0	0	0	0	0	0
11	AYLA TEZEL COMMUNICATIONS EVP	(i) 159,837.	18,760.	0	5,521.	17,585.	201,703.	0
	(ii)	0	0	0	0	0	0	0
12	AMBER ALLRED GENERAL COUNSEL EVP	(i) 157,378.	19,975.	0	6,082.	8,248.	191,683.	0
	(ii)	0	0	0	0	0	0	0
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

BONUSES FOR THE ORGANIZATION'S CEO AND COO ARE DETERMINED BY THE BOARD OF DIRECTORS. BONUSES FOR ALL OTHER OFFICERS, KEY EMPLOYEES AND EXECUTIVES ARE DETERMINED BY THE CEO AND COO, BASED ON RANGES SET BY THE BOARD OF DIRECTORS. BONUSES ARE BASED ON OBJECTIVE, INDIVIDUAL PERFORMANCE CRITERIA. COMPARABILITY DATA IS USED IN DETERMINING THE APPROPRIATE AND REASONABLE BONUS AMOUNTS FOR THE CEO, COO, OFFICERS, KEY EMPLOYEES AND EXECUTIVES. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS BONUS DETERMINATIONS IN MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE PREPARED AT THE TIME BONUSES ARE APPROVED, AND REFLECT THE REASONS UNDERLYING PARTICULAR BONUS DETERMINATIONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	328.	2,404,738.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		1,094.	3,107,470.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

IN ACCORDANCE WITH THE ORGANIZATION'S RECORDKEEPING POLICIES, WOUNDED WARRIOR PROJECT HAS REPORTED THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B.

SCHEDULE M, PART I, LINE 32A

USE OF THIRD PARTY TO SELL NONCASH CONTRIBUTIONS TO THE EXTENT WWP RECEIVES CONTRIBUTIONS OF DONATED STOCK, IT TASKS ITS INVESTMENT BROKER TO CONVERT THE STOCK INTO CASH FOR USE IN FULFILLING THE ORGANIZATION'S MISSION.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
EQUIPMENT	X	39.	788,105.	FAIR MARKET VALUE
EVENT TICKETS	X	612.	603,264.	FAIR MARKET VALUE
GYM MEMBERSHIPS	X	3.	582,715.	FAIR MARKET VALUE
PROMOTIONAL ITEMS	X	24.	461,366.	FAIR MARKET VALUE
SUPPLIES	X	248.	366,705.	FAIR MARKET VALUE
BACKPACKS	X	13.	147,019.	FAIR MARKET VALUE
BICYCLES	X	81.	91,436.	FAIR MARKET VALUE
AUCTION ITEMS	X	74.	66,860.	FAIR MARKET VALUE
TOTALS		<u>1,094.</u>	<u>3,107,470.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION CONTINUED

WOUNDED WARRIOR PROJECT, INC. (THE ORGANIZATION OR WWP) IS A
NOT-FOR-PROFIT 501(C)(3) CORPORATION INCORPORATED FEBRUARY 23, 2005 FOR
THE PURPOSE OF PROVIDING VITAL PROGRAMS AND SERVICES TO WOUNDED SERVICE
MEMBERS AND VETERANS IN ORDER TO SUPPORT THEIR TRANSITION TO CIVILIAN
LIFE AS WELL-ADJUSTED CITIZENS, BOTH PHYSICALLY AND MENTALLY. THE
MISSION OF THE ORGANIZATION IS TO HONOR AND EMPOWER WOUNDED WARRIORS. OUR
PURPOSE IS THREEFOLD:

- TO RAISE AWARENESS AND ENLIST THE PUBLIC'S AID FOR THE NEEDS OF
INJURED SERVICE MEMBERS;
 - TO HELP INJURED SERVICE MEMBERS AID AND ASSIST EACH OTHER;
 - TO PROVIDE UNIQUE, DIRECT PROGRAMS AND SERVICES TO MEET THEIR NEEDS.
- CONTRIBUTIONS ARE RECEIVED PRIMARILY THROUGH INDIVIDUAL DONATIONS AND
SPONSORSHIPS.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE DESCRIPTIONS

INDEPENDENCE PROGRAM (CONTINUED) - THE INDEPENDENCE PROGRAM ALSO GRANTS
FUNDS TO THE WWP LONG TERM SUPPORT TRUST WHICH WWP ESTABLISHED TO PROVIDE
THE ECONOMIC MEANS TO ASSIST WITH LONG TERM CARE IN THE EVENT OF THE
WARRIOR'S SEPARATION FROM THEIR CURRENT CAREGIVER, BY REASON OF THE
CAREGIVER'S DEATH, DISABILITY, OR OTHER REASONS.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

THE INDEPENDENCE PROGRAM IS A TEAM EFFORT, BRINGING TOGETHER THE WARRIOR AND HIS OR HER FULL SUPPORT TEAM WHILE CREATING AN INDIVIDUALIZED PLAN FOR EACH WARRIOR - FOCUSING ON GOALS THAT PROVIDE A FUTURE WITH PURPOSE AT NO COST TO THE WARRIOR AND HIS OR HER SUPPORT TEAM. IT'S DESIGNED AS A COMPREHENSIVE LONG-TERM PARTNERSHIP INTENDED TO ADAPT TO THE WARRIOR'S EVER-CHANGING NEEDS.

THE INDEPENDENCE PROGRAM PROVIDES SUPPORT AND TRAINING FOR INVOLVEMENT IN MEANINGFUL ACTIVITIES, INCLUDING SOCIAL AND RECREATIONAL, WELLNESS, VOLUNTEER WORK, EDUCATION, AND OTHER LIFE SKILLS. SERVICES PROVIDED INCLUDE CASE MANAGEMENT, LIFE SKILLS TRAINING, HOME CARE, TRANSPORTATION, AND RESIDENTIAL OPTIONS.

THE INDEPENDENCE PROGRAM SERVED 493 ALUMNI, AND 347 CAREGIVERS. 77.3% OF RESPONDENTS REPORTED THEIR QUALITY OF LIFE HAS IMPROVED SINCE ENTERING THE INDEPENDENCE PROGRAM. BY THE END OF FY15, THERE WERE 164 ALUMNI ENROLLED IN THE LONG-TERM SUPPORT TRUST.

FORM 990, PART III, LINE 4B

PROGRAM SERVICE DESCRIPTIONS

ALUMNI (CONTINUED) - THE ALUMNI PROGRAM HAD 78,639 WARRIORS AND 13,730 FAMILY MEMBERS REGISTERED AS OF SEPTEMBER 30, 2015, WITH A SATISFACTION RATING OF 93% FOR THOSE WHO PARTICIPATED IN ALUMNI PROGRAM ACTIVITIES. DURING FISCAL YEAR 2015, THERE WERE 50,603 IN-BOUND CONTACTS TO THE WWP RESOURCE CENTER. IN ADDITION, WWP STAFF MEMBERS CONDUCTED APPROXIMATELY 77,000 OUT BOUND OUTREACH CALLS TO WARRIORS AND CAREGIVERS.

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FORM 990, PART III, LINE 4C

PROGRAM SERVICE DESCRIPTIONS

COMBAT STRESS RECOVERY (CONTINUED) - WWP CHALLENGES WARRIORS TO THINK ABOUT GOAL-SETTING AND UNDERSTANDING THEIR "NEW NORMAL." MANY WARRIORS BEGIN THEIR JOURNEY WITH PROJECT ODYSSEY®, AN OUTDOOR, REHABILITATIVE RETREAT THAT PROMOTES PEER CONNECTION, CHALLENGING OUTDOOR EXPERIENCES, AND HEALING WITH OTHER COMBAT VETERANS. WWP PROVIDES LICENSED MENTAL HEALTH COUNSELORS AT ALL PROJECT ODYSSEY EVENTS.

THE CSRP ALSO PROVIDES CONTINUED CARE SERVICES TO IMPROVE WARRIOR RESILIENCY AND PSYCHOLOGICAL WELL-BEING. THIS IS ACCOMPLISHED THROUGH THE ESTABLISHMENT OF GOALS AND THE IDENTIFICATION AND USE OF COMMUNITY BASED RESOURCES.

IN ADDITION, IN ORDER TO ENHANCE ACCESS AND PROVIDE POST TRAUMATIC STRESS DISORDER ("PTSD") AND TRAUMATIC BRAIN INJURY ("TBI") TREATMENT THROUGH AN INTEGRATED CARE MODEL, WWP HAS ESTABLISHED THE WARRIOR CARE NETWORK™. WARRIOR CARE NETWORK CONSISTS OF FOUR NATIONAL LEADING ACADEMIC MEDICAL CENTERS ("AMCS") THAT WILL CONNECT WARRIORS AND THEIR FAMILIES WITH WORLD-CLASS, EVIDENCE-BASED MENTAL HEALTH CARE. THESE AMCS WILL PROVIDE WARRIORS WITH MULTI-WEEK, INTENSIVE OUTPATIENT PROGRAMS AND INDIVIDUALIZED CARE. WWP HAS COMMITTED TO PROVIDE INSTITUTIONAL AND FINANCIAL SUPPORT TO THE AMCS. WWP DISTRIBUTED \$21,400,000 IN GRANTS TO THE AMCS DURING THE YEAR ENDED SEPTEMBER 30, 2015.

THERE WERE 2,668 PARTICIPANTS IN PROJECT ODYSSEY, AND 2,879 SERVED

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THROUGH CSRP CONTINUED CARE DURING FISCAL YEAR 2015. 90% OF PROJECT ODYSSEY PARTICIPANTS REPORTED THEY LEARNED USEFUL OR VERY USEFUL PTSD COPING SKILLS. 89% OF CONTINUED CARE PARTICIPANTS HAVE SOUGHT OR ARE RECEIVING MENTAL HEALTH SUPPORT 90 DAYS AFTER PROGRAM PARTICIPATION.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICE DESCRIPTIONS

SOLDIER RIDE® - SOLDIER RIDE® IS A UNIQUE THREE TO FIVE DAY CYCLING OPPORTUNITY FOR WOUNDED SERVICES MEMBERS TO USE CYCLING AND THE BONDS OF SERVICE TO OVERCOME PHYSICAL, MENTAL OR EMOTIONAL WOUNDS. WARRIORS OF ALL ABILITY LEVELS CAN CYCLE ON ADAPTIVE HAND CYCLES, TRIKES AND BICYCLES. IN ADDITION TO THE PHYSICAL BENEFIT, SOLDIER RIDE HELPS RAISE PUBLIC AWARENESS OF THE CHALLENGES WARRIORS FACE TODAY THROUGH EVENTS HELD THROUGHOUT THE RIDE. WARRIORS WILL HAVE THE OPPORTUNITY TO TAKE PART IN ANNUAL EVENTS, WHICH CHALLENGE THEM PHYSICALLY AND MENTALLY. THE EVENTS TAKE PLACE FROM THE SOUTH LAWN OF THE WHITE HOUSE TO LOCAL COMMUNITIES ACROSS THE NATION.

THE SOLDIER RIDE PROGRAM SERVED 1,845 PARTICIPANTS IN FISCAL YEAR 2015. 95% OF PARTICIPANTS SAID SOLDIER RIDE MADE THEM FEEL MORE CONFIDENT THAT THEY CAN MEET THEIR PHYSICAL FITNESS GOALS. TOTAL SOLDIER RIDE EXPENSES WERE \$19,467,915 FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015.

PHYSICAL HEALTH & WELLNESS - PHYSICAL HEALTH & WELLNESS (PH&W) PROGRAMS ARE DESIGNED TO REDUCE STRESS, COMBAT DEPRESSION, AND PROMOTE AN OVERALL HEALTHY AND ACTIVE LIFESTYLE BY ENCOURAGING PARTICIPATION IN FUN,

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EDUCATIONAL ACTIVITIES. PH&W HAS SOMETHING TO OFFER WARRIORS IN EVERY STAGE OF RECOVERY. FOUR FOCUS AREAS ARE INCLUSIVE SPORTS, FITNESS, NUTRITION, AND WELLNESS.

IN FISCAL YEAR 2015, THERE WERE 18,052 PARTICIPANTS IN WWP PH&W PROGRAMS. 96% OF RESPONDENTS STATED THAT AS A RESULT OF THEIR EXPERIENCE IN A WWP PH&W EVENT, THEY WILL SEEK OUT OTHER SPORTS OR RECREATIONAL ACTIVITIES WITHIN THEIR COMMUNITY. TOTAL PH & W EXPENSES WERE \$18,815,707, INCLUDING GRANTS OF \$1,124,981, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015.

WARRIORS TO WORK® - WARRIORS TO WORK® IS ONE OF THE CORNERSTONES OF WWP'S EFFORTS TO ACHIEVE ITS STRATEGIC GOAL OF ECONOMICALLY EMPOWERING WOUNDED WARRIORS. THIS PROGRAM ASSISTS WOUNDED WARRIORS WITH THEIR TRANSITION TO THE WORKFORCE. IT OFFERS A COMPLETE PACKAGE OF EMPLOYMENT ASSISTANCE SERVICES INCLUDING RESUME ASSISTANCE, INTERVIEWING SKILLS, NETWORKING, JOB TRAINING, AND JOB PLACEMENT. THE PROGRAM STAFF PROVIDES CONTINUED INDIVIDUAL COUNSELING AND PERSONAL SUPPORT TO ALL PROGRAM PARTICIPANTS AS THEY STRIVE TO BUILD A CAREER IN THE CIVILIAN WORKFORCE.

IN FISCAL YEAR 2015, 8,698 WARRIORS AND FAMILY MEMBERS PARTICIPATED IN THE WARRIORS TO WORK PROGRAM, WITH 2,555 PARTICIPANTS PLACED IN PART-TIME OR FULL-TIME EMPLOYMENT, AND AN ECONOMIC IMPACT OF \$87.7 MILLION FROM EMPLOYMENT COMPENSATION. TOTAL WARRIORS TO WORK EXPENSES WERE \$10,637,714, INCLUDING GRANTS OF \$635,000, FOR THE FISCAL YEAR ENDING

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SEPTEMBER 30, 2015.

BENEFITS SERVICE - TO HELP WARRIORS MAKE THE MOST OF THEIR BENEFITS AND SUCCESSFULLY TRANSITION TO LIFE AFTER INJURY, WWP PROVIDES THE TOOLS THEY NEED TO BECOME FINANCIALLY SECURE. A KEY PART OF THE BENEFITS SERVICE PROGRAM IS SUPPORT AND EDUCATION FOR WARRIORS, AS WELL AS THEIR FAMILY MEMBERS AND CAREGIVERS. WWP HAS A TEAM OF HIGHLY TRAINED PERSONNEL THAT ARE ACCREDITED BY THE DEPARTMENT OF VETERAN AFFAIRS TO REPRESENT WARRIORS AND ADVOCATE ON THEIR BEHALF. WWP PERSONNEL REPRESENT WARRIORS IN THEIR FILING OF CLAIMS FOR BENEFITS WITH THE DEPARTMENT OF VETERAN AFFAIRS AND DEPARTMENT OF DEFENSE.

IN FY15, THERE WERE 4,863 SERVED THROUGH BENEFITS SERVICE, WITH AN ECONOMIC IMPACT OF \$70.9 MILLION IN BENEFIT AWARDS. TOTAL BENEFITS SERVICE EXPENSES WERE \$9,148,826 FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015.

TRANSITION TRAINING ACADEMY - TRANSITION TRAINING ACADEMY ("TTA") PROVIDES WARRIORS, FAMILY MEMBERS AND CAREGIVERS WITH AN OPPORTUNITY TO ACHIEVE CERTIFICATIONS IN THE INFORMATION TECHNOLOGY FIELD. TTA CLASSES ARE TAUGHT IN A MODIFIED CLASSROOM SETTING WITH FLEXIBLE CLASS SCHEDULES TO ACCOMMODATE PARTICIPANTS' MEDICAL AND DUTY REQUIREMENTS.

WWP SERVED 2,768 PARTICIPANTS THROUGH TTA, WITH 90% OF RESPONDENTS REPORTING THAT THE TTA COURSE HELPED THEM FEEL MORE CONFIDENT ABOUT THEIR

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TRANSITION TO THE CIVILIAN WORKFORCE. TOTAL TRANSITION TRAINING ACADEMY EXPENSES WERE \$7,864,720, INCLUDING GRANTS OF \$90,000, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015.

TRACK - TRACK IS THE FIRST EDUCATION CENTER IN THE NATION SPECIFICALLY FOR WOUNDED WARRIORS. TRACK IS FOCUSED ON PROVIDING COLLEGE AND EMPLOYMENT ACCESS TO WOUNDED WARRIORS THROUGH ITS INTENSIVE AND HOLISTIC TRAINING EXPERIENCE FOR THE MIND, BODY, AND SPIRIT. THE 12-MONTH PROGRAM, WHICH INCLUDES FINANCIAL ASSISTANCE FOR LODGING AND OTHER LIVING EXPENSES, PROVIDES WOUNDED WARRIORS A JUMP-START ON MEETING THEIR EDUCATIONAL GOALS, WHILE ALSO SUPPORTING GOALS AROUND PERSONAL HEALTH AND WELLNESS, MENTAL HEALTH AND CAREER DEVELOPMENT.

TRACK SERVED 110 PARTICIPANTS IN FY15. 96% OF TRACK PARTICIPANTS WERE IMMEDIATELY ENROLLED IN SCHOOL OR EMPLOYED AFTER TRACK GRADUATION. TOTAL TRACK EXPENSES WERE \$7,219,126, INCLUDING GRANTS OF \$994,391, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015.

PEER SUPPORT - PEER SUPPORT IS THE PROGRAMMATIC EMBODIMENT OF WWP'S LOGO, FOSTERING RELATIONSHIPS THAT ENABLE ONE WARRIOR TO HELP ANOTHER THROUGH THE RECOVERY PROCESS. THE WWP PEER SUPPORT PROGRAM MENTORS SERVE AS LISTENERS, ROLE MODELS, AND MOTIVATORS WHO CAN SHARE THEIR UNDERSTANDING AND PERSPECTIVE WITH FELLOW WARRIORS. WWP'S GOAL OF PEER SUPPORT IS FOR THE WARRIOR BEING MENTORED TO EVENTUALLY MENTOR A FELLOW WARRIOR - EMBODYING THE WOUNDED WARRIOR PROJECT MISSION AND LOGO.

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THE PEER SUPPORT PROGRAM TRAINED AND CERTIFIED 420 NEW PEER MENTORS, AND 694 NEW MENTOR/MENTEE RELATIONSHIPS WERE FORMED IN FISCAL 2015. TOTAL PEER SUPPORT EXPENSES WERE \$5,376,840, INCLUDING GRANTS OF \$90,000, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015.

INTERNATIONAL SUPPORT - LANDSTUHL REGIONAL MEDICAL CENTER IS ONE OF THE FIRST LOCATIONS WARRIORS ARE TRANSPORTED TO ONCE INJURED. MOST OF THE TIME DURING TRANSPORT, THEIR BELONGINGS ARE NOT TRANSPORTED WITH THEM. WWP PROVIDES COMFORT ITEMS SUCH AS JACKETS, SWEATPANTS, T-SHIRTS, AND BLANKETS TO WARRIORS BEFORE THEY ARE FLOWN BACK TO THE STATES. WWP'S GOAL IS TO MAKE THEIR STAY AND TRAVEL BACK TO THE UNITED STATES OF AMERICA AS COMFORTABLE AS POSSIBLE. FOR WARRIORS STATIONED AT THE WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS MULTIPLE PROGRAMS IN PLACE, INCLUDING BENEFITS COUNSELING, TRANSITION TRAINING ACADEMY, SOLDIER RIDE AND COMBAT STRESS RECOVERY.

TOTAL INTERNATIONAL SUPPORT EXPENSES WERE \$4,491,090, INCLUDING GRANTS OF \$1,938,835, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015.

WWP TALK - WWP TALK PROVIDES TELEPHONIC, EMOTIONAL SUPPORT TO WOUNDED WARRIOR PROJECT ALUMNI AND HELPS BRIDGE THE GAP THAT MAY PREVENT PARTICIPATION IN OTHER PROGRAMS. THIS HELPLINE WAS CREATED FOR WOUNDED SERVICE MEMBERS LIVING WITH PTSD, DEPRESSION, COMBAT STRESS, OR OTHER MENTAL HEALTH CONDITIONS. TOGETHER, THE WARRIOR AND WWP TALK TEAMMATES

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DEVELOP COPING STRATEGIES TO HELP THE WARRIOR OVERCOME CHALLENGES AND LEARN TO THRIVE AGAIN DESPITE INVISIBLE WOUNDS.

WWP SERVED 784 PARTICIPANTS IN THE WWP TALK PROGRAM IN FY15. 99% OF WWP TALK PARTICIPANTS WOULD RECOMMEND THE PROGRAM. TOTAL WWP TALK EXPENSES WERE \$2,609,915 FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015.

EDUCATION SERVICES - THE EDUCATION SERVICES PROGRAM PREPARES WARRIORS FOR SUCCESS BY HELPING THEM ACHIEVE THEIR EDUCATIONAL GOALS. EDUCATION SERVICES GUIDES WARRIORS THROUGH THEIR OPTIONS WITH SECONDARY EDUCATION, PROVIDES CUSTOMIZED PLANS FOR SUCCESS AND EDUCATES WARRIORS ABOUT CAMPUS RESOURCES AVAILABLE TO THEM. WOUNDED WARRIORS HAVE DIFFERENT NEEDS THAN TYPICAL STUDENTS BECAUSE OF THE INSTITUTIONAL AND SOCIAL OBSTACLES THEY MIGHT FACE DUE TO COMBAT STRESS, ACCESSIBILITY TO LEARNING MODELS, AND SOCIAL INSTABILITY.

THERE WERE 1,000 PARTICIPANTS IN EDUCATION SERVICES IN FY15, WITH 96% OF THE RESPONDENTS REPORTING THEY FEEL MORE CONFIDENT AND PREPARED FOR THEIR EDUCATIONAL FUTURE. TOTAL EDUCATION SERVICES EXPENSES WERE \$2,642,657, INCLUDING GRANTS OF \$86,602, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015.

WWP PACKS - WWP BACKPACKS CONTAIN ESSENTIAL CARE AND COMFORT ITEMS INCLUDING CLOTHING, TOILETRIES, PLAYING CARDS, AND MORE - ALL DESIGNED TO MAKE A WARRIOR'S HOSPITAL STAY MORE COMFORTABLE. BACKPACKS ARE PROVIDED

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TO WOUNDED SERVICE MEMBERS ARRIVING AT MILITARY TRAUMA CENTERS ACROSS THE UNITED STATES.

INJURED WARRIORS OVERSEAS WHO ARE EVACUATED FROM FIELD HOSPITALS TO LARGER MILITARY TREATMENT FACILITIES STATESIDE OR ABROAD RECEIVE A SMALLER VERSION OF THE WWP BACKPACK, KNOWN AS THE TRANSITIONAL CARE PACK, FOR IMMEDIATE COMFORT.

THE WWP PACKS PROGRAM DELIVERED 717 BACKPACKS AND 1,031 TRANSITIONAL CARE PACKS TO WOUNDED WARRIORS IN FY15. SINCE WWP'S INCEPTION, 18,737 BACKPACKS AND 44,204 TRANSITIONAL CARE PACKS HAVE BEEN DELIVERED TO WOUNDED WARRIORS. TOTAL WWP PACKS EXPENSES WERE \$2,410,334 FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015.

WARRIORS SPEAK - THE WARRIORS SPEAK PROGRAM IS A GROUP OF WOUNDED WARRIORS AND CAREGIVERS WHO HAVE BEEN SELECTED TO SHARE THEIR PERSONAL, INSPIRATIONAL STORIES OF COURAGE AND INTEGRITY WITH THE PUBLIC. THE SPEAKERS ALSO DESCRIBE HOW WWP HAS AIDED THEM IN THE RECOVERY PROCESS AND HELPED THEM TRANSITION BACK TO CIVILIAN LIFE. PARTICIPANTS ARE TRAINED TO BECOME EFFECTIVE SPOKESPERSONS THROUGH THE WARRIORS SPEAK COURSE, WHICH INCLUDES TOOLS TO HELP THEM ORGANIZE THOUGHTS, COMPOSE PRESENTATIONS, AND COMMUNICATE SUCCESSFULLY. THE TRAINING PROVIDES IMPORTANT LIFE SKILLS THAT HELP WARRIORS SUCCEED SOCIALLY, AT THEIR WORKPLACE, AND AS COMMUNITY LEADERS.

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IN FY15, WARRIORS SPEAK SPOKE AT 389 EVENTS RAISING AWARENESS ABOUT WARRIOR CHALLENGES AND WWP PROGRAMS TO 243,601 PEOPLE IN ATTENDANCE. TOTAL WARRIORS SPEAK EXPENSES WERE \$1,902,997 FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

THE FORM 990 IS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH WOUNDED WARRIOR PROJECT'S MANAGEMENT. ALL INFORMATION REPORTED ON THE FORM 990 WAS PROVIDED BY MANAGEMENT AND REVIEWED BY THE ACCOUNTING FIRM. THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE WHO REVIEWS, APPROVES AND RECOMMENDS TO THE FULL BOARD THAT IT BE APPROVED FOR FILING. FOLLOWING FULL BOARD APPROVAL, THE FORM 990 IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

IN OBSERVANCE OF BEST GOVERNANCE PRACTICES, WOUNDED WARRIOR PROJECT REQUIRES EACH CURRENT OFFICER AND DIRECTOR TO SIGN, ON AN ANNUAL BASIS, A STATEMENT THAT AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE ORGANIZATION'S POLICY, AND HAS AGREED TO COMPLY WITH IT. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES, AMONG OTHER THINGS, DIRECTORS AND OFFICERS TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST. THE NOMINATING AND CORPORATE GOVERNANCE COMMITTEE OF THE BOARD REVIEWS SIGNED CONFLICTS OF INTEREST STATEMENTS ON AN ANNUAL BASIS.

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PERSONS WITH A CONFLICT ARE NOT PERMITTED TO PARTICIPATE IN DELIBERATIONS AND VOTE ON MATTERS WITH RESPECT TO WHICH THEY HAVE A CONFLICT.

ADDITIONALLY, ON AN ANNUAL BASIS, EACH CURRENT OFFICER AND DIRECTOR COMPLETES A QUESTIONNAIRE TO DETERMINE "INDEPENDENCE" FOR PURPOSES OF FORM 990, PART VI, LINE 1(B). THE ORGANIZATION REVIEWS THESE COMPLETED QUESTIONNAIRES AND, AS APPROPRIATE, SEEKS ADDITIONAL INFORMATION TO MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY.

FOLLOWING REVISION OF THE WWP TEAMMATE HANDBOOK EFFECTIVE JANUARY 1, 2016, ALL CURRENT EMPLOYEES ACKNOWLEDGED RECEIPT OF THE HANDBOOK, WHICH CONTAINS A CONFLICT OF INTEREST POLICY. THE POLICY REQUIRES ALL EMPLOYEES TO CONDUCT BUSINESS WITHIN GUIDELINES THAT PROHIBIT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. AS SET FORTH IN THE HANDBOOK, CERTAIN PROHIBITED ACTIONS MAY LEAD TO IMMEDIATE TERMINATION, SUCH AS NON-DISCLOSURE OF INTEREST IN, OR CONNECTION WITH ANY BUSINESS THAT COULD BE PERCEIVED AS IMPROPER, A CONFLICT OF INTEREST, OR GIVES THE APPEARANCE OF IMPROPRIETY. THE POLICY ADVISES EMPLOYEES TO CONSULT WITH A MANAGER OR THE HUMAN RESOURCES DEPARTMENT IF THEY ARE UNSURE HOW TO HANDLE AND/OR UNSURE ABOUT WHETHER THEY SHOULD DISCLOSE A SPECIFIC SITUATION. TOGETHER WITH THE MANAGEMENT TEAM, THE HUMAN RESOURCES DEPARTMENT AND THE LEGAL DEPARTMENT REVIEW AND ADDRESS ANY ACTUAL OR POSSIBLE CONFLICTS OF INTERESTS.

FORM 990, PART VI, LINE 15A

PROCESS FOR DETERMINING COMPENSATION

COMPENSATION FOR THE ORGANIZATION'S CEO AND COO IS DETERMINED BY THE BOARD OF DIRECTORS. COMPENSATION FOR ALL OTHER OFFICERS, KEY EMPLOYEES

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AND EXECUTIVES IS DETERMINED BY THE CEO AND COO, BASED ON RANGES SET BY THE BOARD OF DIRECTORS. COMPARABILITY DATA IS USED IN DETERMINING SALARIES FOR THE CEO, COO, OFFICERS, KEY EMPLOYEES AND EXECUTIVES. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS COMPENSATION DETERMINATIONS IN MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE PREPARED AT THE TIME COMPENSATION IS APPROVED, AND REFLECT THE REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS.

FORM 990, PART VI, LINE 19

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE AT WWW.WOUNDEDWARRIORPROJECT.ORG. WWP'S FORM 1023 IS AVAILABLE UPON REQUEST. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST AT MANAGEMENT'S DISCRETION FROM THE CORPORATE HEADQUARTERS AT 4899 BELFORT ROAD, SUITE 300, JACKSONVILLE, FL 32256.

FORM 990, PART XII, LINE 2C

OVERSIGHT PROCESS

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS ANNUAL FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM TO PERFORM THE ANNUAL AUDIT. THE AUDIT COMMITTEE HAS NOT UNDERGONE ANY CHANGES IN THE OVERSIGHT OR SELECTION PROCESS SINCE THE PREVIOUS YEAR.

FORM 990, PART IX, LINE 24A

WARRIOR EVENTS AND ACTIVITIES

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THIS AMOUNT CONSISTS OF THE COSTS RELATED TO WWP'S PROGRAM EVENTS AND ACTIVITIES THAT ARE FREE OF CHARGE TO WARRIORS, THEIR CAREGIVERS, AND FAMILY MEMBERS. EXAMPLES OF THESE EVENTS AND ACTIVITIES ARE OUTLINED IN GREATER DETAIL WITHIN THE INDIVIDUAL PROGRAM DESCRIPTIONS FOUND IN PART III AND SCHEDULE O, INCLUDING PROJECT ODYSSEY® WITHIN THE COMBAT STRESS RECOVERY PROGRAM; SOLDIER RIDE®; FITNESS AND ADAPTIVE SPORTS ACTIVITIES IN PH & W, AND EDUCATIONAL SESSIONS, PERSONAL AND PROFESSIONAL DEVELOPMENT SUMMITS, SPORTING EVENTS AND RECREATIONAL ACTIVITIES WITHIN THE ALUMNI PROGRAM.

INCLUDED IN THIS AMOUNT ARE EXPENSES FOR TRAVEL, HOTEL, MEALS, MATERIALS AND OTHER RELATED ACTIVITY COSTS FOR EVENT PARTICIPANTS. THIS AMOUNT ALSO INCLUDES EXPENSES INCURRED BY WWP PROGRAM STAFF WHO FACILITATE AND DELIVER THESE SERVICES.

FORM 990, PART IX, LINE 24B

DIRECT RESPONSE TV & ONLINE

THIS AMOUNT PRIMARILY CONSISTS OF THE COSTS RELATED TO THE PRODUCTION AND BROADCAST OF TELEVISION SPOTS AND THE DEVELOPMENT AND DISTRIBUTION OF ONLINE CAMPAIGNS.

FORM 990, PART IX, LINE 24C

PROGRAM/OTHER PROVIDER SERVICES

THIS AMOUNT PRIMARILY CONSISTS OF THIRD PARTY PROVIDERS THAT DELIVER SERVICES WITHIN WWP PROGRAM EVENTS AND ACTIVITIES. EXAMPLES OF THESE SERVICES INCLUDE CASE MANAGEMENT, LIFE SKILLS TRAINING, HOMECARE AND SUPPORT WITHIN THE INDEPEDENCE PROGRAM, LICENSED MENTAL HEALTH COUNSELORS

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WITHIN PROJECT ODYSSEY, CYCLING TECHNICIANS WITHIN SOLDIER RIDE, AND
ADAPTIVE SPORTS AND FITNESS ACTIVITIES WITHIN PHYSICAL HEALTH & WELLNESS.

FORM 990, PART IX, OTHER EXPENSES

DIRECT MAIL

THIS AMOUNT PRIMARILY CONSISTS OF THE COSTS RELATED TO CONTENT
DEVELOPMENT, PRINTING AND MAILING OF CAMPAIGNS.

FORM 990, PART IX, JOINT COSTS

WWP CONDUCTS JOINT ACTIVITIES THAT BENEFIT PROGRAM SERVICES AND INCLUDE A
FUNDRAISING APPEAL. THE PROGRAMMATIC COMPONENT OF THESE ACTIVITIES
INCLUDES THE EDUCATION AND RECRUITMENT OF WOUNDED SERVICE MEMBERS THAT
HAVE NOT YET ENGAGED WITH WWP, A CALL TO ACTION TO ENLIST THE PUBLICS'
AID IN IDENTIFYING WOUNDED SERVICE MEMBERS THAT WOULD BENEFIT FROM WWP'S
PROGRAMS AND SERVICES, AND AN OPPORTUNITY TO THANK WWP'S ALUMNI FOR THEIR
SACRIFICES IN SERVING OUR COUNTRY.

FORM 990, PART IX, DISCLOSURE REGARDING EXPENSE REIMBURSEMENT POLICY
TREASURY REGULATION SECTION 1.62-2(C) STATES THAT A REIMBURSEMENT
ARRANGEMENT THAT, AMONG OTHER THINGS, MEETS CERTAIN SUBSTANTIATION RULES
UNDER SECTION 274 REGULATIONS WILL BE TREATED AS PAID UNDER AN
ACCOUNTABLE PLAN. TREASURY REGULATION SECTION 1.274-5(C) FURTHER PROVIDES
THAT ORDINARILY, DOCUMENTARY EVIDENCE WILL BE CONSIDERED ADEQUATE TO
SUPPORT AN EXPENDITURE IF IT INCLUDES SUFFICIENT INFORMATION TO ESTABLISH
THE AMOUNT, DATE, PLACE, AND THE ESSENTIAL CHARACTER OF THE EXPENDITURE.
WWP RECENTLY BECAME AWARE THAT IN SOME CIRCUMSTANCES, IT DID NOT OBTAIN

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SUFFICIENTLY DETAILED DOCUMENTATION. WWP PROMPTLY CONTACTED THE IRS TO RESOLVE THE MATTER AND IS CURRENTLY COLLECTING DOCUMENTATION FOR THIS PURPOSE. WWP ALSO HAS AMENDED ITS TRAVEL AND EXPENSE POLICIES AND PROCEDURES TO REQUIRE SUBMISSION OF DOCUMENTARY EVIDENCE THAT MEETS THE SUBSTANTIATION REQUIREMENTS OF TREASURY REGULATION SECTION 1.274-5(C).

SCHEDULE G, PART I, LINE 2B

ACTIVITIES OF HIGHEST PAID FUNDRAISERS

CREATIVE DIRECT RESPONSE

16900 SCIENCE DR STE 120, BOWIE, MD 20715

COORDINATION OF DIRECT RESPONSE SERVICES

TRUE NORTH

630 THIRD AVE 12TH FLOOR, NEW YORK, NY 10017

COORDINATION OF DIRECT RESPONSE SERVICES

EAGLECOM

2300 YONGE ST, STE 1700, TORONTO, ON, M4P1E4

PROCURING MEDIA PLACEMENT FOR COMMERCIAL SPOTS. GROSS RECEIPTS ATTRIBUTED TO EAGLECOM'S ACTIVITIES CONSIST OF INITIAL OR ONE-TIME DONATION GENERATED FROM COMMERCIAL SPOTS. THESE ACTIVITIES ARE PERFORMED TO GENERATE INITIAL RECEIPTS AND TO DEVELOP DONOR DATA BASE. AMOUNTS PAID FOR THESE SERVICES TYPICALLY EXCEED INITIAL RECEIPTS.

DCCI

4535 STRAUSSER ST, NORTH CANTON, OH 44720

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TELEMARKETING FUNDRAISING SERVICES

CONSTELLATIONS GROUP, LTD

ONE PENN PLAZA STE 3600, NEW YORK, NY 10119

IN ADDITION TO RAISING FUNDS DIRECTLY FOR THE WOUNDED WARRIOR PROJECT, THE CONSTELLATIONS GROUP ADVISED THE ORGANIZATION ON LARGE CORPORATE DONORS FOR MAJOR GIFTS AND ASSISTED WITH THE DEVELOPMENT OF FUNDRAISING CAMPAIGNS TO HELP RAISE MONEY TO FUEL PROGRAMS AND SERVICES.

SCHEDULE I, PART II, LINE 1, COLUMN H

PURPOSE OF GRANT OR ASSISTANCE

IRAQ AND AFGHANISTAN VETERANS OF AMERICA - PROVIDES RESOURCES AND EMPOWERS VETERANS TO CONNECT WITH ONE ANOTHER, FOSTERING A STRONG AND LASTING COMMUNITY. THROUGH EDUCATION, ADVOCACY AND COMMUNITY BUILDING, WE STRIVE TO CREATE A COUNTRY WHICH HONORS AND SUPPORTS VETERANS OF ALL GENERATIONS. THE GRANT WILL ENSURE THAT THE POST 09/11 VETERAN COMMUNITY WILL HAVE AN EVEN STRONGER VOICE AND CAN ADDRESS A MORE COMPREHENSIVE SET OF ISSUES THAT BETTER REFLECTS THE FULL, COMPLEX LIVES THAT VETERANS LEAD AND THE CHALLENGES THEY FACE.

AMERICAN NATIONAL RED CROSS - TO SUPPORT WWP PROGRAMS AT US MILITARY INSTALLATIONS LOCATED INTERNATIONALLY, PROMOTE WWP PROGRAMS IN RED CROSS OFFICE LOCATIONS AND TO WOUNDED VETERANS AND FAMILIES, AND TO COLLABORATE AND JOIN EFFORTS WITH WWP TO SUPPORT ILL OR INJURED SERVICE MEMBERS, VETERANS AND THEIR FAMILIES.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

BASTION COMMUNITY OF RESILIENCE - TO BUILD A NEIGHBORHOOD FOR THE RECOVERY AND REINTEGRATION OF INJURED VETERANS AND SURVIVING FAMILIES IN AN INTENTIONAL INTERGENERATIONAL COMMUNITY IN NEW ORLEANS.

BRAIN INJURY SERVICES OF SW VA - DEVELOP A PROGRAM WITH A HOLISTIC APPROACH TO ASSISTING WITH LONG-TERM CARE FOR VETERANS WITH TBI. WITH THE OPTIMAL GOAL OF PROMOTING INDEPENDENCE AND IMPROVED QUALITY OF LIFE BY BLENDING COGNITIVE REHABILITATIVE EXERCISES WITH PRACTICAL SKILLS TO ADVANCE PERSONAL GOALS AND REINTEGRATION BACK INTO COMMUNITY.

CHRISTOPHER COFFLAND MEMORIAL FUND INC DBA CATCH A LIFT FUND - TO HELP POST 9-11 SERVICE MEMBERS START AND MAINTAIN THEIR HEALING PROCESS, BOTH MENTALLY AND PHYSICALLY, THROUGH PHYSICAL FITNESS BY PROVIDING THEM WITH GIFTED GYM MEMBERSHIPS OR HOME GYM EQUIPMENT, ANYWHERE IN THE UNITED STATES.

CENTERSTONE MILITARY SERVICES INC - PROVIDES COUNSELING TO INDIVIDUALS WHOSE LIVES HAVE BEEN IMPACTED BY MILITARY SERVICE. THIS INCLUDES NOT ONLY SERVICE MEMBERS THEMSELVES, BUT ALSO THEIR SPOUSES, CHILDREN AND OTHER LOVED ONES.

COLORADO STATE UNIVERSITY FOUNDATION - TO SUPPORT THE INHERENT DIGNITY, POTENTIAL, AND FULL CONTRIBUTION OF ALL PEOPLE. THE REST PROGRAM WILL RESULT IN THE DELIVERY OF AN EVIDENCE-BASED ACADEMIC SUPPORT THAT WILL ENHANCE SLEEP DURATION AND SLEEP QUALITY IN COLLEGE VETERANS WITH

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

SERVICE-RELATED INJURIES.

DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS-BASED EDUCATION AND WORLD PEACE
- TO BRING THE HEALING TECHNIQUE OF TRANSCENDENTAL MEDITATION (TM) TO
VETERANS SUFFERING FROM PTSD AND THEIR FAMILY MEMBERS TO RELIEVE STRESS
AND BUILD RESILIENCE.

DENVER OPTIONS INC DBA ROCKY MOUNTAIN HUMAN SERVICES - EDUCATING
EMPLOYERS REGARDING ISSUES PERTAINING TO MANY VETERANS, CHALLENGES
ASSOCIATED WITH TRANSITIONING TO A CIVILIAN WORKPLACE AND COACHING AND
MENTORING OF VETERANS WITH CHALLENGES TO STABLE EMPLOYMENT.

DOG TAG BAKERY - PROVIDE A TRANSFORMATIVE OPPORTUNITY FOR ILL, INJURED,
OR WOUNDED VETERANS, SPOUSES, AND CAREGIVERS BY OFFERING AN EDUCATION
POWERED BY GEORGETOWN UNIVERSITY AND EXPERIENTIAL LEARNING AT DOG TAG
BAKERY FOR ENTREPRENEURIAL-MINDED WOUNDED VETERANS AND SPOUSES THROUGH A
WORLD CLASS EDUCATION, AMPLE LEADERSHIP DEVELOPMENT OPPORTUNITIES, AND A
PERSONALIZED AND TAILORED BUSINESS MANAGEMENT ROTATION AT DOG TAG
BAKERY.

DRY HOOTCH OF AMERICA - PROVIDE VETERAN FAMILY MEMBERS WITH PEER TO PEER
SUPPORT AS THEY TRANSITION, ALONG SIDE THEIR VETERAN FAMILY MEMBER, FROM
MILITARY SERVICE TO THE CIVILIAN LIFESTYLE THROUGH FAMILY PEER SUPPORT,
COMMUNITY & SOCIAL ACTIVITIES, AND HEALTH & WELLNESS.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

EMORY UNIVERSITY - EXPAND CLINICAL CAPACITY TO PROVIDE PATIENT SERVICES AND TREATMENTS FOR POST-9/11 WOUNDED VETERANS DIAGNOSED WITH POST TRAUMATIC STRESS DISORDER, MOOD AND OTHER ASSOCIATED PSYCHIATRIC DISORDERS, AND/OR TRAUMATIC BRAIN INJURY AND ACTIVELY PARTICIPATE IN A NATIONAL NETWORK OF ACADEMIC MEDICAL CENTERS TO IMPROVE VETERANS' HEALTH CARE.

FAMILY OF A VET INC - TO COVER COSTS ASSOCIATED WITH SUPPORTING THE SEVERELY ILL WIFE/CAREGIVER OF A WARRIOR WHO TOOK HIS OWN LIFE.

HENRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE - TO CONDUCT A COLLABORATIVE RESEARCH STUDY KNOWN AS THE VETERANS METRICS INITIATIVE: LINKING PROGRAM COMPONENTS TO POST-MILITARY WELL-BEING.

MASSACHUSETTS GENERAL HOSPITAL - EXPAND CLINICAL CAPACITY TO PROVIDE PATIENT SERVICES AND TREATMENTS FOR POST-9/11 WOUNDED VETERANS DIAGNOSED WITH POST TRAUMATIC STRESS DISORDER, MOOD AND OTHER ASSOCIATED PSYCHIATRIC DISORDERS, AND/OR TRAUMATIC BRAIN INJURY AND ACTIVELY PARTICIPATE IN A NATIONAL NETWORK OF ACADEMIC MEDICAL CENTERS TO IMPROVE VETERANS' HEALTH CARE.

NATIONAL MILITARY FAMILY ASSOCIATION - PROVIDES SERVICES, INCLUDING OPERATION PURPLE CAMPS FOR CHILDREN OF INJURED SERVICE MEMBERS AND THEIR CAREGIVERS, CHILDREN OF DEPLOYED AND RETURNING SERVICE MEMBERS, AND CHILDREN AND FAMILIES DEALING WITH DEPLOYMENT AND REINTEGRATION ISSUES.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

NEUROTHERAPY RESEARCH & DEVELOPMENT ASSOC., INC - GRANTEE WILL RESEARCH
NON-INVASIVE, INNOVATIVE TREATMENTS FOR WWP ALUMNI SUFFERING FROM
TRAUMATIC BRAIN INJURY AND OTHER COGNITIVE IMPAIRMENTS.

NORTHEAST NEBRASKA COMMUNITY ACTION PARTNERSHIP INC - TO COMBINE HOUSING
ASSITANCE FOR HOMELESS OR NEAR HOMELESS WOUNDED WARRIORS WITH INTENSIVE
CASE MANAGEMENT THAT AIMS TO ADDRESS EMPLOYMENT BARRIERS AND FINANCIAL
STABILITY.

OPERATION HOMEFRONT - OPERATION HOMEFRONT PROVIDES EMERGENCY FINANCIAL
AND OTHER ASSISTANCE TO THE FAMILIES OF OUR SERVICE MEMBERS AND WOUNDED
WARRIORS.

PHOENIX TRAINING - SERVING VETERANS BY PROVIDING INEXPENSIVE PHYSICAL
TRAINING TO HELP THEM HEAL FROM THE PHYSICAL AND EMOTIONAL WOUNDS OF
COMBAT.

RANCHIN' VETS - ASSIST IN THE REINTEGRATION OF VETERANS INTO CIVILIAN
LIFE THROUGH A VARIETY OF PROGRAMS OFFERED WITHIN THE RANCHING AND
AGRICULTURAL INDUSTRY.

REGENTS UCLA DBA UCLA HEALTH SCIENCES DEVELOPMENT - EXPAND CLINICAL
CAPACITY TO PROVIDE PATIENT SERVICES AND TREATMENTS FOR POST-9/11 WOUNDED
VETERANS DIAGNOSED WITH POST TRAUMATIC STRESS DISORDER, MOOD AND OTHER

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

ASSOCIATED PSYCHIATRIC DISORDERS, AND/OR TRAUMATIC BRAIN INJURY AND ACTIVELY PARTICIPATE IN A NATIONAL NETWORK OF ACADEMIC MEDICAL CENTERS TO IMPROVE VETERANS' HEALTH CARE.

RUSH UNIVERSITY MEDICAL CENTER - EXPAND CLINICAL CAPACITY TO PROVIDE PATIENT SERVICES AND TREATMENTS FOR POST-9/11 WOUNDED VETERANS DIAGNOSED WITH POST TRAUMATIC STRESS DISORDER, MOOD AND OTHER ASSOCIATED PSYCHIATRIC DISORDERS, AND/OR TRAUMATIC BRAIN INJURY AND ACTIVELY PARTICIPATE IN A NATIONAL NETWORK OF ACADEMIC MEDICAL CENTERS TO IMPROVE VETERANS' HEALTH CARE.

SHEPHERD CENTER FOUNDATION INC - ASSISTS WOUNDED WARRIORS WITH RETURN TO WORK AND SCHOOL, PROVIDES PEER SUPPORT, AND ASSISTS IN NAVIGATING THE VA SYSTEM AND THE MED BOARD PROCESS. CASE MANAGERS FOLLOW PATIENTS FOR A YEAR OR MORE POST-DISCHARGE IN ORDER TO ENSURE THAT THEY ARE MEETING ALL OF THEIR GOALS AND SUCCESSFULLY TRANSITIONING BACK INTO THEIR HOME COMMUNITIES.

TASK FORCE DAGGER FOUNDATION - THE PURPOSE OF THIS PROGRAM IS TO GET MEMBERS OF SOCOM WHO HAVE BEEN WOUNDED OUT OF THEIR HOMES AND ISOLATION AND PUT THEM BACK INTO A "TEAM" ENVIRONMENT WHERE THEY CAN FIND CAMARADERIE, COMFORT, STRENGTH, AND MOTIVATION FROM THE TEAM.

THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA - COMMUNITY ENDOWMENT, FUNDS DISBURSED TO FOUR COMMUNITIES TO ENABLE AND ENHANCE

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

LOCAL COLLABORATION TO PROVIDE SERVICES TO VETERANS.

THE MILITARY COALITION/MARINE CORPS LEAGUE - TO PROVIDE SCHOLARSHIPS, FITNESS PROGRAMS, AND SUPPORT TO ALL MARINES, CORPSMEN, FORMER MARINES AND CORPSMEN, AND TO THEIR WIDOWS AND ORPHANS AND TO PERPETUATE THE HISTORY OF THE USMC.

TRUSTEES OF BOSTON COLLEGE - THE COLLEGE WARRIOR ATHLETE PROGRAM STRIVES TO IMPROVE THE HEALTH AND WELL-BEING OF VETERANS, PARTICULARLY BMI REDUCTION, THROUGH A STRUCTURED OPPORTUNITY TO WORK OUT WITH COLLEGE STUDENTS AND WORKSHOPS ON NUTRITION AND HEALTHY HABITS.

WARFIGHTER OUTFITTERS INC - PROVIDES HUNTING AND FISHING PROGRAMS TO SERVE INJURED SERVICE MEMBERS.

WESTERN DAIRYLAND ECONOMIC OPPORTUNITY COUNCIL INC - PROVIDE FINANCIAL COUNSELING TO IMPROVE THE FINANCIAL LITERACY OF WARRIORS TO REDUCE BARRIERS TO FINANCIAL SUCCESS, TO REDUCE AND ELIMINATE FINANCIAL DEBT, AND TO BEGIN SAVING MONEY FOR THE FUTURE.

WWP LT SUPPORT TRUST - WWP ESTABLISHED THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST TO PROVIDE THE ECONOMIC MEANS FOR SUPPORTIVE SERVICES TO MAINTAIN WOUNDED WARRIORS IN SETTINGS THAT ARE AS INDEPENDENT AS POSSIBLE, AND TO ASSIST WITH LONG TERM CARE NEEDS IN THE EVENT OF THE WARRIOR'S SEPARATION FROM HIS OR HER CURRENT CAREGIVER, BY REASON OF THE

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

CAREGIVER'S DEATH, DISABILITY, OR OTHER REASONS. THE GOAL IS TO EMPOWER THESE MOST SEVERELY WOUNDED WARRIORS, WHO HAVE EXPERIENCED A MODERATE TO SEVERE BRAIN INJURY, SPINAL-CORD INJURY, OR OTHER NEUROLOGICAL CONDITION, TO LIVE AS INDEPENDENTLY AS POSSIBLE, WITH THE HIGHEST QUALITY OF LIFE AND FINEST, MOST COMPASSIONATE CARE POSSIBLE. WWP IS RESPONSIBLE FOR IDENTIFYING THE WARRIORS WHO ARE MEMBERS OF THE CHARITABLE CLASS OF PERSONS SERVED BY THE TRUST.

THE LONG-TERM SUPPORT TRUST PROVIDES FUNDS TO ENSURE SERVICES INCLUDING LIFE-SKILLS TRAINING, HOME CARE, TRANSPORTATION, AND RESIDENTIAL OPTIONS REMAIN AVAILABLE TO THE SEVERELY WOUNDED, WHO UPON THE LOSS OF THEIR CAREGIVER, ARE AT RISK FOR INSTITUTIONALIZATION. THE TRUST WILL GENERALLY MAKE APPROVED DISTRIBUTIONS DIRECTLY TO SERVICE PROVIDERS TO PROVIDE FOR THE NEEDS OF WARRIORS. DISTRIBUTIONS FOR THE BENEFIT OF A SPECIFIC WARRIOR SHALL TAKE INTO ACCOUNT HIS OR HER HEALTH, HIS OR HER FINANCIAL NEEDS, THE REQUIREMENTS FOR HIS OR HER CARE, THE PROVISION OF A DECENT STANDARD OF LIVING FOR THE WARRIOR AND HIS OR HER DEPENDENTS, THE WARRIOR'S ABILITY TO LIVE INDEPENDENTLY AND THE COMMUNITY-BASED RESOURCES AVAILABLE TO SUPPORT THE WARRIOR'S NEEDS, AND IN GENERAL, THE REQUIREMENTS TO ALLEVIATE THE SUFFERING THAT RESULTS FROM THE INJURIES OR ILLNESS SUFFERED BY THE WARRIOR AS A RESULT OF HIS OR HER MILITARY SERVICE. FURTHER, WWP TAKES INTO CONSIDERATION THE AVAILABILITY OF GOVERNMENT BENEFITS AND OTHER FORMS OF PUBLIC FUNDING AND RESOURCES THAT MAY PROVIDE FOR SOME OR ALL OF THE NEEDS OF THE WARRIOR.

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number
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YELLOW RIBBON FUND INC - PROVIDES RETREATS FOR CAREGIVERS AND STAFF/VOLUNTEERS DESIGNED TO PROVIDE RESPITE FROM OVERWHELMING RESPONSIBILITIES THAT CAREGIVERS FACE CARING FOR LOVED ONES RECOVERING FROM THE MOST SEVERE WOUNDS OF WAR.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SOLDIER RIDE		19,467,915.	
PHYSICAL HEALTH AND WELLNESS	1,124,981.	18,815,707.	
WARRIORS TO WORK	635,000.	10,637,714.	
BENEFITS SERVICE		9,148,826.	
TRANSITION TRAINING ACADEMY	90,000.	7,864,720.	
TRACK	994,391.	7,219,126.	
PEER SUPPORT	90,000.	5,376,840.	
INTERNATIONAL SUPPORT	1,938,835.	4,491,090.	
WWP TALK		2,609,915.	
EDUCATION SERVICES	86,602.	2,642,657.	
WWP PACKS		2,410,334.	
WARRIORS SPEAK		1,902,997.	
TOTALS	<u>4,959,809.</u>	<u>92,587,841.</u>	

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,
 DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
 MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, UT, VA, WA, WV, WI

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number <u>ATTACHMENT 3</u>
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990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CREATIVE DIRECT RESPONSE 16900 SCIENCE DR STE 210 BOWIE, MD 20715	DIRECT RESPONSE	6,372,342.
NEURO COMMUNITY CARE 12520 CAPITAL BLVD STE 401-139 WAKE FOREST, NC 27587	INDEPENDENCE PROGRAM	4,141,188.
MCGLADREY LLP 5155 PAYSHERE CIRCLE CHICAGO, IL 60674	IT & RISK MGMT	2,428,069.
PLOWSHARE GROUP, INC ONE DOCK STREET STAMFORD, CT 06902	PUBLIC AWARENESS	1,774,366.
FLOW NONFICTION LLC 305 TERRACE DRIVE AUSTIN, TX 78704	PUBLIC AWARENESS	1,179,200.

ATTACHMENT 4FORM 990, PART IX - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>(A) TOTAL EXPENSES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
DIRECT RESPONSE MAIL	22,273,542.	7,205,259.		15,068,283.
PROCESSING FEES	7,323,972.			7,323,972.
WARRIOR ASSISTANCE & SUPPORT	1,846,744.	1,831,143.	157.	15,444.
EDUCATION & DEVELOPMENT	1,232,629.	893,547.	163,477.	175,605.
MISCELLANEOUS	4,736,573.	2,622,196.	853,918.	1,260,459.
TOTALS	<u>37,413,460.</u>	<u>12,552,145.</u>	<u>1,017,552.</u>	<u>23,843,763.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

20-2370934

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WOUNDED WARRIOR PROJECT LT SUPPORT TRUST 37-6558533 100 SOUTH WEST STREET WILMINGTON, DE 19801	TRUST	DE	501(C)(3)	11 - TYPE I	WOUNDED WARR	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WOUNDED WARRIOR PROJECT LT SUPPORT TRUST	B	54,000,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. WOUNDED WARRIOR PROJECT, INC.	Employer identification number (EIN) or 20-2370934
	Number, street, and room or suite no. If a P.O. box, see instructions. 4899 BELFORD ROAD, SUITE 300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSONVILLE, FL 32256	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► STEVEN NARDIZZI, 4899 BELFORD ROAD, SUITE 300 JACKSONVILLE, FL 32256

Telephone No. ► 904 296-7350 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/16, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 or

► tax year beginning 10/01, 2014, and ending 09/30, 2015.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	WOUNDED WARRIOR PROJECT, INC.	20-2370934
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	4899 BELFORD ROAD, SUITE 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	JACKSONVILLE, FL 32256	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► ERIC MILLER, 4899 BELFORD ROAD, SUITE 300 JACKSONVILLE, FL 32256.
Telephone No. ► 904 296-7350 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 08/15, 20 16 .

5 For calendar year , or other tax year beginning 10/01, 20 14 , and ending 09/30, 20 15 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Eric M. Olivardic Title ► CPA Date ► 5/2/16